## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10) 560 569 APPLICANT(S)

FILING DATE

CLAIMS

|               | ASI          | AS FILED   |                | AFTER 1*AMENDMENT                            |                 | AFTER 2 MAMENDMENT  |  |
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|               | IND.         | DEP.   | IND.           | DEP.   | IND.            | DEP.                |  |
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| TOTAL<br>IND.   |          | ₽                     |             | ₽                 |  | ₽            |  |
| TOTAL<br>DEP.   |          | $\langle \neg \mid  $ | ·           | $\Leftrightarrow$ |  |              |  |
| TOTAL<br>CLAIMS |          |                       |             |                   |  |              |  |

PTO - 1360 (REV. 11/04)

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